

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40417**

FILED DEC 20 1954

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 92

1. PLACE OF DEATH a. CITY <u>CLAY County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINKVILLE, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>11 DAYS</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Smithville Community Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u> b. (Middle) _____ c. (Last) <u>LANIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 6, 1954</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DEC. 16, 1892</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>PLATTE City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>W. P. LANIER</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH KAY Smith</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK LANIER - PLATTE City, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Metastasis</u>			

19a. DATE OF OPERATION <u>6/9/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Breast 170X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from May 20, 1954, to Dec 6, 1954, that I last saw the deceased alive on Dec, 1954, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>A. B. Spelman M.D.</u>	23b. ADDRESS <u>Smithville Mo.</u>	23c. DATE SIGNED <u>12/9/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12-6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLATTE City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>PLATTE City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-9-54</u>	REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rollins - Mitchell PLATTE City Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Roland M. Giffey

Licensed Embalmer No. 4725

P. O. Address Ball City, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.